

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1							51			
2		1					52			
3		2					53			
4		2					54			
5		1					55			
6		2					56			
7		1					57			
8		1					58			
9		1					59			
10	1						60			
11		1					61			
12		1					62			
13		1					63			
14							64			
15							65			
16							66			
17							67			
18							68			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	14	↔		↔		↔	TOTAL DEP.			
TOTAL CLAIMS	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]